

TO: CALIFORNIA STATE PERSONNEL BOARD
P.O. BOX 944201
SACRAMENTO, CA 94244-2010
(916) 653-1705

CALIFORNIA STATE PERSONNEL BOARD
CHANGE OF INFORMATION ON EMPLOYMENT LIST
SPB-315 (3/98)

PRESENT NAME	FORMER NAME (if used on State records)	
STREET ADDRESS	TELEPHONE NUMBERS (H) (B)	<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS
CITY	ZIP CODE	SOCIAL SECURITY ACCOUNT NUMBER

We will need specific information concerning the employment list(s) on which your name appears to comply with your request. The following information must be submitted for each list on which you wish the changes made.

COMPLETE CLASS TITLE

1.
2.
3.

FOR LISTS ESTABLISHED AS THE RESULT OF A "SPOT EXAMINATION" (given for a specific location).

LOCATION

FOR PROMOTIONAL LISTS

DEPARTMENT	SUBDIVISION
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INDICATE BELOW THE CHANGE(S) YOU WISH MADE IN YOUR EMPLOYMENT AVAILABILITY INFORMATION

- ☐ PLACE MY NAME ON THE **INACTIVE** LIST
- ☐ IF INACTIVE, RESTORE MY NAME TO THE **ACTIVE** LIST
- ☐ MY NAME IS **ALREADY ACTIVE**, PLEASE CHANGE MY CONDITIONS OF EMPLOYMENT AS INDICATED BELOW.

CONDITIONS OF EMPLOYMENT - Indicate the type of employment desired

- ☐ *PERMANENT (Full-time work of more than six months' duration)
- ☐ *TEMPORARY (Work may be part time, intermittent, or full time of less than six months' duration)

*NOTE: If you check both and receive a temporary appointment, your name will continue to be certified for permanent positions.

LOCATIONS - If you indicate more than 15 locations or do not indicate any location, your eligibility will be noted as STATEWIDE and your name, when reachable on the list, will be certified for job vacancies ANYWHERE in the State.

INDICATE BELOW IF YOU WISH TO LIMIT YOUR AVAILABILITY TO SPECIFIC STATE DEPARTMENTS (maximum of three)

In making this request, you should understand the following:

- These changes supersede all previous information of this nature, and your name will be certified for consideration for appointment only under these conditions.
- As a result of changes in your location or tenure choices, **your name will not be deleted from certifications already issued.** Therefore, you must continue to reply to contacts resulting from these certifications, as failure to reply will place your name on the inactive list.

This information is requested pursuant to Government Code Section 18900 and is for the purpose of maintaining accurate lists of eligible candidates for appointment. The personal information requested on this form is voluntary (name, address, telephone number and Social Security Number); however, it is needed in order for the Personnel Board to accommodate your request accurately and efficiently. If you have any questions, you may contact us at the address or telephone number listed above.

SIGNATURE	DATE
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